

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020700

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

182

Primary Registration District No.

4298

Registrar's No.

9

FILED JUN 7 1963

## 1. PLACE OF DEATH

a. COUNTY Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN LinneusLength of stay in 1b  
40 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 425 N. MainInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Linn

c. CITY  
OR TOWN LinneusInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
425 N. MainReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
VIRGIL LEE GILLISPIE

## 4. DATE OF DEATH

Month Day Year  
May 25, 19635. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
8-1-18969. AGE (last birthday)  
66IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer10b. KIND OF BUSINESS OR INDUSTRY  
Agriculture11. BIRTHPLACE (City and state or country)  
Linn County, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Henry Gillispie

## 13b. MOTHER'S MAIDEN NAME

Mollie Hicks

## 14. NAME OF HUSBAND OR WIFE

Maude Gillispie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of war)  
Yes WWI16. SOCIAL SECURITY NO.  
8

## 17. INFORMANT

Address  
Sam McDandel, Brookfield, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute myocardial infarction  
Coronary artery occlusion  
arteriosclerosisINTERVAL BETWEEN ONSET AND DEATH  
Sudden

Conditions, if any, which gave rise to above cause, (e), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malignant hypertension

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 1953 to May 25 1963 and last saw him alive on Jan 13 1963  
Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

John R. Dyer M.D.

(Degree or title)

## 22b. ADDRESS

Brookfield Mo

## 22c. DATE SIGNED

5-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

5-29-1963

## 23c. NAME OF CEMETERY OR CREMATORY

IOOF Cemetery

## 23d. LOCATION (City, town, or county)

Linneus, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Wright Funeral Home, Linneus, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-31-1963

## 26. REGISTRAR'S SIGNATURE

Laverne M. Mace

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10580

20580

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8961 2. NHR

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*C. H. Wright*

Licensed Embalmer No. 5167

P. O. Address Brookfield, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.